

## Medical Certification For Disability Exceptions

### INSTRUCTIONS FOR FORM N-648 MEDICAL CERTIFICATION FOR DISABILITY EXCEPTIONS

#### **Purpose of This Form.**

The Immigration and Naturalization Service's (INS) regulations require that applicants seeking an exception from the English and U.S. history and government (civics) requirements for naturalization based on physical or developmental disability or mental impairment submit this certification form, completed by a licensed medical or osteopathic doctor or a licensed clinical psychologist, along with a completed application for naturalization (Form N-400). This certification form will be used by INS to determine whether applicants for naturalization are entitled to an exception to the requirements.

In accordance with the Rehabilitation Act of 1973, INS makes reasonable modifications and/or accommodations to allow individuals with disabilities to participate in testing required for naturalization. Reasonable modifications and/or accommodations may include but are not limited to: Braille test forms, sign language interpreters, or off-site testing. Applicants should be advised that if reasonable modifications and/or accommodations will allow them to demonstrate knowledge of basic English and U.S. history and civics, this medical certification form is not required.

Part I of the form must be completed and signed by the applicant. A legal guardian may sign the Form N-648 authorizing the release of additional medical records to the Service. The form also contains an acknowledged release by the applicant of his or her medical records to include both physical and mental health. Part II of the form must be completed and signed by the licensed medical or osteopathic doctor or licensed clinical psychologist performing the assessment of the applicant. The licensed medical or osteopathic doctor or licensed clinical psychologist is required to attest to the truthfulness of his or her certification under penalty of perjury and agree to release his or her medical records relating to the applicant upon request by the INS.

#### **General Instructions.**

Please answer all questions by typing or printing clearly in black ink. Indicate that an item is not applicable with "N/A." If an answer is "none," write "none." If you need extra space to answer any item, attach a sheet of paper with the name of the applicant, the alien registration number (A#), and your complete name including first name, middle name and last name, with appropriate title. Also, indicate the number of the item to which the answer refers.

Additional medical reports may be submitted but they must be limited to not more than two pages, and have the name of the applicant, alien registration number (A#), and your signature on each page of the attachments. Additional medical records may be submitted but will not be accepted as a substitute for complete responses to questions asked on the certification form.

1. You are requested to provide an accurate assessment of the applicant's disability or impairment so INS can determine whether to grant an exception to the English language and history and civics requirements for naturalization.
2. INS requires that the licensed medical doctor or licensed clinical psychologist completing the form for the applicant be experienced in the area of the applicant's disability and able to diagnose the applicant's disability and/or impairments. A certification must be made as to whether the applicant has the ability to learn English and civics sufficient to pass INS' citizenship test. The tests require an ability to speak and write basic English and the ability to answer basic questions about the history and civics of the United States.

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3. All licensed medical or licensed clinical psychologists completing this form must be licensed practitioners in the State where they practice. Medical attestations will be accepted only from the following: licensed medical or osteopathic doctors and licensed clinical psychologists.

4. All forms must be signed, certified and dated by the licensed medical or licensed clinical psychologist. The certification must be filed within six months of its completion and signature.

**Penalties.**

Both the applicant and the licensed medical or licensed clinical psychologist are required to complete and sign the form under penalty of perjury. All statements contained in response to questions in this certification are declared to be true and correct under penalty of perjury.

Title 18, United States Code, Section 1546, provides in part:

Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement - shall be fined in accordance with this title or imprisoned not more than ten years or both.

If either the applicant or the licensed medical or licensed clinical psychologist includes in this certification form any material information that the party knows to be false, the applicant and/or licensed medical or licensed clinical psychologist may be liable for criminal prosecution under the laws of the United States.

The knowing placement of false information on the application may subject the applicant and the licensed medical or osteopathic doctor or psychologist to criminal penalties under Title 18 of the United States Code and to civil penalties under Section 274C of the Immigration and Nationality Act, 8 U.S.C. 1324c.

**Privacy Act Notice:** Authority for the collection of the information requested on this form is contained in 8 U.S.C. 1182(a)(15), 1183A, 1184(a) and 1258. The information will be used principally by the Service to whom it may be furnished to support an individual's application for naturalization under the Immigration and Nationality Act. Submission of the information is voluntary. It may also, as a matter of routine use, be disclosed to other federal, state, local and foreign law enforcement and regulatory agencies. Failure to provide the necessary information may result in the denial of the applicant's request for an exception to the English language and U.S. history and civics requirement in the applicant's naturalization application.

**Reporting Burden:** A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about the form, 30 minutes; 2) completing the form, 60 minutes; and 3) assembling and filing the application, 30 minutes, for an estimated average of 120 minutes per response. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W Room 4034, Washington, D.C. 20536. **Do Not Mail Your Completed Application To This Address.**

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### Part I. THIS SECTION TO BE COMPLETED BY THE APPLICANT *(Please print or type information)*

Last Name	First Name	Middle Name	Social Security Number
Address			Alien Number
City	State		Zip Code
Telephone Number	Date of Birth	Sex	

I, \_\_\_\_\_ authorize \_\_\_\_\_  
*(Applicant's Name)* *(Licensed medical or licensed clinical psychologist)*

to release all relevant physical and mental health information related to my medical status to INS for the purpose of applying for an exception from the English language and U.S. civics testing requirements for naturalization. I certify under penalty of perjury, pursuant to Title 28 U.S.C. Section 1746, that the information on the form and any evidence submitted with it is all true and correct. I am aware that the knowing placement of false information on the Form N-648 and related documents may also subject me to civil penalties under 8 U.S.C. Section 1324c.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART II. THIS SECTION TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR OR LICENSED CLINICAL PSYCHOLOGIST (see instructions)

The individual named above is applying for an exception from the English language and/or U. S. history and civics tests required of applicants for naturalization. The Immigration and Naturalization Service's regulations require that applicants for an exception based on disability submit this certification form, completed by a licensed medical doctor or licensed clinical psychologist, along with a completed application for naturalization (Form N-400).

*Please answer the following questions as clearly and completely as possible, using common terminology and complete words and phrases.*

1. Date of your most recent examination of the applicant. \_\_\_\_\_
2. Is this your first examination of the individual? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who is the regular attending physician? \_\_\_\_\_
3. Based on your examination, describe any findings of a physical or mental disability or impairment which, in your professional medical opinion, would prevent this applicant from demonstrating knowledge of basic English language and/or U.S. history and civics. Describe in detail. If applicant has a mental disability or impairment, please provide DSM diagnosis.

4. Did the applicant's disability or impairment result from the illegal use of drugs? If the applicant is developmentally disabled, did this condition first manifest itself before age 22? Please explain.

5. What is the duration of the applicant's disability or impairment? Is it temporary (less than 12 months) or permanent? Explain.

6. Please provide your medical speciality. If you are not specialized, provide your medical experience and other qualifications that permit you to make this assessment.

I certify under penalty of perjury, under the laws of the United States of America, that the information on the form and any evidence submitted with it is all true and correct. I agree to release this applicant's relevant medical records upon request from the U.S. Immigration and Naturalization Service. I am aware that the knowing placement of false information on the Form N-648 and related documents may also subject me to civil penalties under 8 U.S.C. Section 1324c.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Type or Print

Last Name	First Name	Middle Name
Business Address	City, State, ZIP Code	Telephone
License Number	Licensing State	